COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY (includes Reference to PCT International Applications)

ATTORNEY'S DOCKET NUMBER PHNL031447 US

As a below named inventor, I h	nereby declare that:		
My residence, post office addre	ess and citizenship are as sta	ted next to my name.	
I believe I am the original, first plural names are listed below) entitled:	and sole inventor (if only one of the subject matter which is	name is listed below) or an origina claimed and for which a patent is	al, first and joint inventor (if sought on the invention
the specification of which (che	ck only one item below):		
is attached hereto.			
was filed as United States a	application		
Serial No			
on			
and was amended			
on			
₩ was filed as PCT internation	nal application		
Number PCT/TB2004/052526			
on 24 November 2004			
and was amended under PCT	Article 19		
on			(if applicable).
I hereby state that I have revie claims, as amended by any an		ents of the above-identified specific	cation, including the
I acknowledge the duty to disci Title 37, Code of Federal Regu		erial to the examination of this appl	ication in accordance with
or inventor's certificate or of an States of America listed below any PCT international applicati	ny PCT international application and have identified below any ion(s) designating at least one	States Code, § 119 of any foreign in(s) designating at least one county foreign application(s) for patent of country other than the United State of the application(s) of which priority	try other than the United r inventor's certificate or tes of America filed by me
PRIOR FOREIGN/PCT APPLI	CATION(S) AND ANY PRIOR	ITY CLAIMS UNDER 35 U.S.C. 11	19:
COUNTRY	APPLICATION NUMBER	DATE OF FILING DAY, MONTH, YEAR	PRIORITY CLAIMED UNDER 35 USC 119
Europe	03104633.7	11 December 2003	YES

Combined Declaration For Patent Application and Power of Attorney (Continued) (includes Reference to PCT International Applications)						PHNL031447 US	
POW	ER OF ATTORNE	Y: As a named inventor	I hereby appoint	the following attorney(s) and . (List name and registration	number)	secute this application and transact	
Jack E. Haken, Reg. No. 26,902 Michael E. Marion, Reg. No. 32, 266 Edward M. Blocker, Reg. No. 30,245				Direct Telephone Calls to: (name and telephone number) (914)332-0222			
201	FULL NAME OF INVENTOR	1		FIRST GIVEN NAME Minne		SECOND GIVEN NAME	
	RESIDENCE & CITIZENSHIP	CITY Eindhoven	STATE OR FOREIGN COUNTRY The Netherlands		JNTRY	COUNTRY OF CITIZENSHIP The Netherlands	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Prof. Holstlaan 6		CITY 5656 AA Eindhoven		STATE & ZIP CODE/COUNTRY The Netherlands	
202	FULL NAME OF INVENTOR	FAMILY NAME LEMMA		FIRST GIVEN NAME Aweke		SECOND GIVEN NAME Negash	
	RESIDENCE & CITIZENSHIP	CITY Eindhoven		STATE OR FOREIGN COUNTRY The Netherlands		COUNTRY OF CITIZENSHIP The Netherlands	
	POST OFFICE ADDRESS	Post office Addri Prof. Holstlaai		CITY 5656 AA Eindhoven		STATE & ZIP CODE/COUNTRY The Netherlands	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true: and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 if Title 18 of the United states Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.							
4	ATURE OF INVENTO	OR 201		FINVENTOR 202			
DATE	14 July 2005		DATE		1		

U.S. DEPARTMENT OF COMMERCE- Patent and Trademarks Office

(July 1994)

POWE all bus	ER OF ATTORNE iness in the Patent a	Y: As a named inventor and Trademark Office co	, I hereby appoint to nnected therewith.	the following attorney(s) and/o (List name and registration nu	r agent(s) to pro umber)	osecute this application and transact		
Micha	E. Haken, Reg. No nel E. Marion, Reg rd M. Blocker, Re	g. No. 32, 266			Direct Telepho (name and tele (914)332-02	ephone number)		
201	FULL NAME OF INVENTOR	FAMILY NAME VAN DER VEE	N	FIRST GIVEN NAME Minne		SECOND GIVEN NAME		
	RESIDENCE & CITIZENSHIP	CITY Eindhoven		STATE OR FOREIGN COUNTY The Netherlands	NTRY	COUNTRY OF CITIZENSHIP The Netherlands		
	POST OFFICE ADDRESS	Post office Address Prof. Holstiaa		5656 AA Eindhove	en	The Netherlands		
202	FULL NAME OF INVENTOR	FAMILY NAME LEMMA		FIRST GIVEN NAME Aweke		SECOND GIVEN NAME Negash		
	RESIDENCE & CITIZENSHIP	CITY Eindhoven		The Netherlands	NTRY	The Netherlands		
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Prof. Holstlaan 6		5656 AA Eindhoven		The Netherlands		
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true: and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 if Title 18 of the United states Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.								
SIGNA	TURE OF INVENT	OR 201	SIGNATURE OF	INVENTOR 202				
DATE			DATE 15 Jul	y 2005				

Combined Declaration For Patent Application and Power of Attorney (Continued) (includes Reference to PCT International Applications)

U.S. DEPARTMENT OF COMMERCE- Patent and Trademarks Office

Attorneys Docket Number PHNL031447 US

(July 1994)